Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF MICHIGAN, DETROIT DIVISION		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every

Pai	t 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	Case):
1.	Your full name			
	Write the name that is on	Michael		
	your government-issued picture identification (for	First name	First name	
	example, your driver's	Joseph		
	license or passport).	Middle name	Middle name	
	Bring your picture identification to your meeting	g Beri		
	with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you have used in the last 8 years			
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-0256		

Debtor 1 Beri, Michael Joseph

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):				
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and	■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s)				
	doing business as names	EINs	EINs				
5.	Where you live	44740 01 . 44 . 4	If Debtor 2 lives at a different address:				
		14743 Cicotte Ave Allen Park, MI 48101-3500 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code				
		Wayne County	County				
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.				
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code				
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)				

	tor 1 Beri, Michael Jose	epn				Case numb	er (if known)			
		-								
Part	2: Tell the Court About Y	our Bankr	uptcy Ca	se						
7.	The chapter of the Bankruptcy Code you are				description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form op of page 1 and check the appropriate box.					
	choosing to file under	■ Chapte	er 7							
		☐ Chapte	er 11							
		☐ Chapte	er 12							
		☐ Chapte	er 13							
8.	How you will pay the fee	■ Lwi	Il nav the	entire fee when I	file my netition. Pleas	se check with the cler	k's office in your local cou	urt for more details		
0.	Tiow you will pay the lee	abo	ut how you	u may pay. Typically y is submitting your	y, if you are paying the	fee yourself, you may	pay with cash, cashier's pay with a credit card or o	check, or money order.		
		☐ I ne	ed to pay			nis option, sign and at	tach the Application for Ir	ndividuals to Pay The		
		☐ I red	quest tha	t my fee be waive	d (You may request thi		e filing for Chapter 7. By			
		you	r family siz	ze and you are unab		tallments). If you choo	n 150% of the official pove ose this option, you must			
		107	avo ino c	maple 11 mig 1 ee	wawea (emolar i em	1 100D) and me it will	ryour polition.			
9.	Have you filed for bankruptcy within the last	■ No.								
	8 years?	☐ Yes.								
			District		When _		Case number			
			District		When _		Case number			
			District		When _		Case number			
10.	Are any bankruptcy cases	■ No								
	pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by	☐ Yes.								
	an affiliate?		Dahtan				Deletienskie te vou			
			Debtor District		When		Relationship to you Case number, if known			
			Debtor		vviieii _		Relationship to you			
			District		When _		Case number, if known			
11.	Do you rent your residence?	■ No.	Go to I	ine 12.						
		☐ Yes.	Has yo	ur landlord obtained	d an eviction judgment	against you and do yo	ou want to stay in your res	sidence?		
				No. Go to line 12.						
				Yes. Fill out <i>Initial</i> bankruptcy petition		viction Judgment Aga	ninst You (Form 101A) an	nd file it with this		

Jeb	etor 1 Beri, Michael Jose	eph			Case number (if known)	
ar	t 3: Report About Any Bu	sinesses `	You Own as	s a Sole Proprieto	tor	
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to P	art 4.		
		☐ Yes.	Name a	and location of bus	siness	
	A sole proprietorship is a					
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name o	of business, if any		
	If you have more than one sole proprietorship, use a		Numbe	r, Street, City, Sta	ate & ZIP Code	
	separate sheet and attach it to this petition.		Check	the appropriate bo	ox to describe your business:	
				Health Care Busir	iness (as defined in 11 U.S.C. § 101(27A))	
				Single Asset Real	al Estate (as defined in 11 U.S.C. § 101(51B))	
				Stockbroker (as de	defined in 11 U.S.C. § 101(53A))	
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))	
				None of the above	re	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement as small business debtor, you must attach your most recent balance sheet, statement operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the process you a small business U.S.C. 1116(1)(B).				
	For a definition of small	No.	i am no	t filing under Chap	apter 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fili Code.	ng under Chapter	r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy	
		☐ Yes.	I am filii	ng under Chapter	r 11 and I am a small business debtor according to the definition in the Bankruptcy Code.	
⊃ar	t 4: Report if You Own or	Have Any	Hazardous	s Property or Any	y Property That Needs Immediate Attention	
14.	Do you own or have any	■ No.				
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or		What is th	e hazard?		
	safety? Or do you own any property that needs immediate attention?			ate attention is thy is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is t	the property?		
					Number, Street, City, State & Zip Code	
_						

Debtor 1 Beri, Michael Joseph Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

П Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	tor 1 Beri, Michael Jose	eph		Case number (if known)						
art	6: Answer These Question	ons for Report	ing Purposes							
16.	What kind of debts do you have?			sumer debts? Consumer debts are defined in 11 U.S.C.§ 101(8) as "incurred by an al, family, or household purpose."						
			☐ No. Go to line 16b.							
			Yes. Go to line 17.							
			Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.							
			No. Go to line 16c.							
			Yes. Go to line 17.							
		16c. Sta	te the type of debts you owe t	that are not consumer debts or busin	ness debts					
17.	Are you filing under Chapter 7?	□ No. I ar	n not filing under Chapter 7.	Go to line 18.						
	Do you estimate that after any exempt property is excluded and			ou estimate that after any exempt property of distribute to unsecured creditors?	operty is excluded and administrative expenses are					
	administrative expenses are paid that funds will be available for distribution to unsecured creditors?	■	No Yes							
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-199 □ 200-999		☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000					
19.	How much do you estimate your assets to be worth?	□ \$0 - \$50,000 □ \$50,001 - \$100,000 ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million		□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 millior	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion					
20.	How much do you estimate your liabilities to be?	\$0 - \$50,0 \$50,001 - \$100,001	\$100,000 - \$500,000	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 millior	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion					
art	7: Sign Below									
or	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.								
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.								
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).								
		I request relie	f in accordance with the cha	pter of title 11, United States Code,	, specified in this petition.					
			Ilt in fines up to \$250,000, or		y or property by fraud in connection with a bankruptcy both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.					
		Michael Jo Signature of I		Signature of D	Debtor 2					
		Executed on	February 15, 2016	Executed on	MM / DD / YYYY					

Debtor 1	Beri, Michael Joseph	Case number (if known)	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Kory K. Shimek	Date	February 15, 2016
Signature of Attorney for Debtor		MM / DD / YYYY
Kory K. Shimek		
Printed name		
Haskell Law Offices, PLLC		
Firm name		
14716 Allen Rd Ste 102		
Taylor, MI 48180-5400		
Number, Street, City, State & ZIP Code		
Contact phone _(734) 285-5625	Email address	kory@haskelllawoffices.com
P78205		
Bar number & State		

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

	ation to identify	your case and thi	s filing:							
Debtor 1	Michael Jos		Name		Last Name					
Debtor 2							(
(Spouse, if filing)	First Name	Middle	Name		Last Name					
United States Ban	kruptcy Court for	the: EASTERN	DISTRI	CT OF MI	ICHIGAN, DET	ROIT DIVISION				
Case number										eck if this is an ended filing
Official For	m 106A/E	3								
Schedule	e A/B: P	roperty								12/15
Answer every quest Part 1: Describe E	ion. Each Residence, B ave any legal or eq 2.	attach a separate sh uilding, Land, or Oth uitable interest in ar	ner Real	Estate You	u Own or Have a	n Interest In	write your nai	me and case	number (i	if known).
24461 Cres	scent St f available, or other de	scription	What	Single-fa Duplex o	perty? Check all the mily home or multi-unit building inium or cooperate	ng	the amount	of any secure	d claims o	emptions. Put n <i>Schedule D:</i> d by Property.
Woodhave		48183-3770		Land	tured or mobile ho	ome	Current valuentire prope	erty?		t value of the
City	State	ZIP Code	□ □ Who	Timeshai Other	erest in the prop	nerty? Check one	Describe th (such as fee a life estate	e simple, ten	ancy by th	\$0.00 rship interest ne entireties, or
Wayne					-					
County			prop	At least or informati erty identif	and Debtor 2 onlone of the debtors on you wish to a fication number:	and another	(see inst	if this is con ructions) al	nmunity p	roperty
you have atta		rtion you own for Write that number						ges		\$0.00
Do you own, lease	e, or have legal o	or equitable interes						ude any vehi	cles you o	own that
	·	ort utility vehicles				and onoxpi				
■ No										
□ Yes										

D	ebtor 1 Beri, Mich	ael Joseph	Case number (if known)	
		otor homes, ATVs and other recreational vehicles, ot s, motors, personal watercraft, fishing vessels, snowmobile		
	■ No			
	☐ Yes			
5		of the portion you own for all of your entries from Par r Part 2. Write that number here		\$0.00
Pa	art 3: Describe Your Per	sonal and Household Items		
D	o you own or have any	r legal or equitable interest in any of the following iter	ns?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Household goods and Examples: Major applia □ No	I furnishings ances, furniture, linens, china, kitchenware		
	Yes. Describe	Household Goods and Furnishings		\$5,000.00
7.		and radios; audio, video, stereo, and digital equipment; col ell phones, cameras, media players, games	mputers, printers, scanners; music collectic	ons; electronic devices
	☐ Yes. Describe			
8.		nd figurines; paintings, prints, or other artwork; books, picto, memorabilia, collectibles	ures, or other art objects; stamp, coin, or bas	seball card collections; other
	☐ Yes. Describe			
9.	Equipment for sports Examples: Sports, phote instruments No Yes. Describe	tographic, exercise, and other hobby equipment; bicycles,	pool tables, golf clubs, skis; canoes and ka	yaks; carpentry tools; musical
10.	_	les, shotguns, ammunition, and related equipment		
	■ No □ Yes. Describe			
11.	. Clothes <i>Examples:</i> Everyday o □ No	clothes, furs, leather coats, designer wear, shoes, accesso	ories	
	Yes. Describe	Clothing and Shoes		\$500.00
12.	. Jewelry Examples: Everyday jo ■ No	ewelry, costume jewelry, engagement rings, wedding rings	s, heirloom jewelry, watches, gems, gold, sil	ver
	Yes. Describe			
13.	. Non-farm animals Examples: Dogs, cats No	s, birds, horses		
	☐ Yes. Describe			
14.	. Any other personal a ■ No	and household items you did not already list, includin	g any health aids you did not list	

Deb	tor 1 Beri, N	lichael Joseph	Case number (if known)	
	Yes. Give spec	ific information		
15.		value of all of your entries from Part 3, include at number here	ding any entries for pages you have attached for	\$5,500.00
Part	4: Describe You	r Financial Assets		
Do	ou own or hav	any legal or equitable interest in any of the	following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
] No		deposit box, and on hand when you file your petition	
•	■ Yes		Cash on Hand	\$23.00
		king, savings, or other financial accounts; certific utions. If you have multiple accounts with the sa	cates of deposit; shares in credit unions, brokerage houe ame institution, list each. titution name:	ses, and other similar
		17.1. Checking Account Cit	izens Bank	\$27.00
		17.2. Checking Account All	iance Credit Union	\$5.00
		17.3. Savings Account All	iance Credit Union	\$5.00
18. i		unds, or publicly traded stocks funds, investment accounts with brokerage firms	s, money market accounts	
	■ No] Yes	Institution or issuer name:		
_	joint venture	ded stock and interests in incorporated and	unincorporated businesses, including an interest i	in an LLC, partnership, and
	■ No I Yes. Give spe	cific information about them Name of entity:	% of ownership:	
•	Negotiable instru Non-negotiable i ■ No	corporate bonds and other negotiable and a ments include personal checks, cashiers' checks astruments are those you cannot transfer to some	s, promissory notes, and money orders.	
L	■ Yes. Give spec	fic information about them Issuer name:		
_		ension accounts sts in IRA, ERISA, Keogh, 401(k), 403(b), thrift	s savings accounts, or other pension or profit-sharing p	blans
	Yes. List each	account separately. Type of account: Inst	titution name:	
_	Your share of all	s and prepayments unused deposits you have made so that you may ments with landlords, prepaid rent, public utilities	y continue service or use from a company s (electric, gas, water), telecommunications companies	, or others
] Yes	Inst	titution name or individual:	

De	ebtor 1	Beri, Michael Joseph		C	ase number (if known)	
23	Annuiti	es (A contract for a periodic pa	ment of money to you, either for life or	for a number of year	e)	
۷٥.	■ No	es (A contract for a periodic pa	ine or money to you, either for life or	Tor a number or year.	5)	
	☐ Yes	Issuer name an	d description.			
24.		s in an education IRA, in an a C. §§ 530(b)(1), 529A(b), and 5	ccount in a qualified ABLE program 29(b)(1).	n, or under a qualifi	ed state tuition program).
	■ No □ Yes	Institution name	and description. Separately file the rec	cords of any interests.	11 U.S.C. § 521(c):	
25.	Trusts,	equitable or future interests	in property (other than anything lis	eted in line 1), and ri	ghts or powers exercisa	able for your benefit
	■ No	Give specific information abou	t them			
		·	de secrets, and other intellectual p	ronerty		
20.			bsites, proceeds from royalties and lice			
	☐ Yes.	Give specific information about	t them			
27.	_Examp	es, franchises, and other gen bles: Building permits, exclusive	eral intangibles licenses, cooperative association hold	ings, liquor licenses, p	professional licenses	
	■ No □ Yes.	Give specific information about	t them			
M		property owed to you?				Current value of the
						portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	unds owed to you				
	☐ No					
	■ Yes.	Give specific information about	them, including whether you already fil	ed the returns and the	e tax years	
			Possible 2015 Income Tax	Refund	Federal	\$4,000.00
			Possible 2015 Income Tax	Dofund	State	\$1,000,00
			POSSIDIE 2013 IIICOIIIE TAX	Returia	State	\$1,000.00
29.		support				
	Examp ■ No	oles: Past due or lump sum alin	iony, spousal support, child support, r	maintenance, divorce	settlement, property set	element
		Give specific information				
30.		imounts someone owes you bles: Unpaid wages, disability ins unpaid loans you made to	surance payments, disability benefits,	sick pay, vacation pay	, workers' compensation	, Social Security benefits;
	■ No	unpaid idans you made to	someone eise			
		Give specific information				
31.		ts in insurance policies oles: Health, disability, or life ins	urance; health savings account (HSA);	credit, homeowner's	, or renter's insurance	
	■ No					
	⊔ Yes. I	Name the insurance company o Compar	f each policy and list its value. ly name:	Beneficiary	:	Surrender or refund value:
32.	If you a		you from someone who has died tt, expect proceeds from a life insurance	ce policy, or are curre	ntly entitled to receive pro	perty because someone has
	died. ■ No					
		Give specific information				

Den	ioi i	Beri, Michael Joseph		Case number (if known)	
		against third parties, whether or not you have filed a law- les: Accidents, employment disputes, insurance claims, or rig		d for payment	
	No				
	Yes.	Describe each claim			
_	Other c	contingent and unliquidated claims of every nature, include	ling counterclaims of	the debtor and rights to s	set off claims
	Yes.	Describe each claim			
35. /	Anv fin	ancial assets you did not already list			
_	I No				
	Yes.	Give specific information			
36.		he dollar value of all of your entries from Part 4, including I. Write that number here		-	\$5,060.00
Part	5: De:	scribe Any Business-Related Property You Own or Have an Inter	est In. List any real esta	te in Part 1.	
37. C	o vou c	own or have any legal or equitable interest in any business-relate	ed property?		
	•	to Part 6.			
	Yes. G	Go to line 38.			
Part		scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	t In.	
46 I	ייטע א	own or have any legal or equitable interest in any farm-	or commercial fishing	-related property?	
+0. I		Go to Part 7.	or commercial histiling	-related property:	
	_	. Go to line 47.			
	— 163.	. 00 to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That You	ı Did Not List Above		
· arc	••	December 7.11 Troporty Tod Citin of Trave an interest in Trial 196	2 Did Not Elot Abovo		
53. I		have other property of any kind you did not already list? bles: Season tickets, country club membership	•		
	Lxamp ■ No	mes. Season tickets, country club membership			
_		Give specific information			
		·			
54.	Add t	he dollar value of all of your entries from Part 7. Write tha	t number here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	l: Total real estate, line 2			\$0.00
56.	Part 2	2: Total vehicles, line 5	\$0.00		
57.	Part 3	3: Total personal and household items, line 15	\$5,500.00		
58.	Part 4	l: Total financial assets, line 36	\$5,060.00		
59.	Part 5	i: Total business-related property, line 45	\$0.00		
60.	Part 6	6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	7: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$10,560.00	Copy personal property to	stal \$10,560.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$10,560.00

Fill in	this informa	ation to identify your	case:				
Debto	or 1	Michael Joseph I	Beri Middle Name	Last Name			
Debto	or 2 e if, filing)	First Name	Middle Name	Last Name			
, .		kruptcy Court for the:	EASTERN DISTRICT	OF MICHIGAN, DETROIT DIV	/ISION		
Case (if know	number					☐ Check if this is an amended filing	
Offic	cial For	m 106C					
Sch	nedule	e C: The Pro	operty You (Claim as Exem	npt	1	2/15
propert	ty you listed o	on Schedule A/B: Prope	rty (Official Form 106A/B)	as your source, list the propert	ty that you claim as	lying correct information. Using the exempt. If more space is needed, write your name and case numbe	fill
specifi applica funds- to a pa	ic dollar amo able statuto —may be un	ount as exempt. Alterr ry limit. Some exempt ilimited in dollar amou lar amount and the val	natively, you may claim to ions—such as those for int. However, if you clain	the full fair market value of t health aids, rights to receive	he property being e certain benefits, air market value ur	nder a law that limits the exemp	•
Part 1	Identify	the Property You Cla	im as Exempt				
1. W	hich set of e	exemptions are you cl	aiming? Check one only,	even if your spouse is filing wi	ith you.		
	l You are clai	iming state and federal r	onbankruptcy exemptions	. 11 U.S.C. § 522(b)(3)			
	You are clai	ming federal exemptions	s. 11 U.S.C. § 522(b)(2)				

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

•	• •	
Current value of the portion you own	Amount of the exemption you clair	n Specific laws that allow exemption
Copy the value from Schedule A/B	Check only one box for each exempt	on.
\$5,000.00	\$5,000	11 USC § 522(d)(3)
\$500.00	s \$500	11 USC § 522(d)(3)
\$23.00	■ \$23	3.00 11 USC § 522(d)(5)
	•	
\$27.00	■ \$27	7.00 11 USC § 522(d)(5)
\$5.00	■ \$5	5.00 11 USC § 522(d)(5)
	•	
	\$5,000.00 \$5,000.00 \$23.00	\$5,000.00 Check only one box for each exemption schedule A/B \$5,000.00 \$5,000 100% of fair market value, up any applicable statutory limit s

Official Form 106C

Schedule C: The Property You Claim as Exempt

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	Alliance Credit Union Line from Schedule A/B 17.3	\$5.00		\$5.00	11 USC § 522(d)(5)
	Ente nom Schedule A/L 11.3			100% of fair market value, up to any applicable statutory limit	
	Possible 2015 Income Tax Refund	\$4,000.00		\$4,000.00	11 USC § 522(d)(5)
	Elle Holli Schedule A/D 25. I			100% of fair market value, up to any applicable statutory limit	
	Possible 2015 Income Tax Refund	\$1,000.00		\$1,000.00	11 USC § 522(d)(5)
	2012			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/16 and every 3 ■ No □ Yes. Did you acquire the property covered □ No □ Yes	years after that for case	s filed	,	

Fill in this informa	tion to identify you	ır case:			
Debtor 1	Michael Joseph	h Bori			
	Michael Joseph First Name	Middle Name Last Na	ame	-	
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last Na	ame	-	
United States Bank	ruptcy Court for the	EASTERN DISTRICT OF MICHIGAN,	DETROIT DIVISION	_ (
Case number					
(if known)				☐ Check	if this is an
				amend	ded filing
Official Form	106D				
Schedule [): Creditors	s Who Have Claims Secu	ured by Propert	У	12/15
		If two married people are filing together, both a it, number the entries, and attach it to this form			
1. Do any creditors ha	ave claims secured b	y your property?			
□ No. Check the property of the property o	nis box and submit th	nis form to the court with your other schedules	s. You have nothing else to re	eport on this form.	
Yes. Fill in al	I of the information b	pelow.			
Part 1: List All S	Secured Claims				
for each claim. If more	e than one creditor has	more than one secured claim, list the creditor sepa s a particular claim, list the other creditors in Part 2 ical order according to the creditor 's name.	2. As Amount of claim Do not deduct the	Column B Value of collateral that supports this	Column C Unsecured portion
2.1 Nationstar	Mortgage	Describe the property that secures the claim	value of collateral. n: \$154,272.00	s150,000.00	If any \$4,272.00
350 Highlar Lewisville, 75067-4177	TX	24461 Crescent St, Woodhaven, N 48183-3770 Ex-Wife's Residence As of the date you file, the claim is: Check all apply.			
	ity, State & Zip Code	☐ Contingent☐ Unliquidated			
Who owes the debt	? Check one.	☐ Disputed Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage	e or secured		
Debtor 2 only		car loan)			
Debtor 1 and Debt	or 2 only	Statutory lien (such as tax lien, mechanic's l	ien)		
At least one of the		Judgment lien from a lawsuit			
Check if this clair community debt		Other (including a right to offset) Mortg	jage		
Date debt was incurr	red <u>5/2005</u>	Last 4 digits of account number0	763		
Add the dollar value	of your entries in Co	lumn A on this page. Write that number here:	\$154,272	2.00	
If this is the last page Write that number he		ne dollar value totals from all pages.	\$154,272	2.00	
	si e .				
Part 2: List Othe	rs to Be Notified fo	r a Debt That You Already Listed			
trying to collect from than one creditor for	n you for a debt you on any of the debts that ot fill out or submit the	ne notified about your bankruptcy for a debt the lowe to someone else, list the creditor in Part 1, t you listed in Part 1, list the additional creditor his page.	and then list the collection ag	gency here. Similarly, if y	ou have more
-NONE-		On whice	ch line in Part 1 did yoເ	u enter the creditor	?
			-		
		Last 4 c	ligits of account numbe	er	

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

Fil	I in this informa	ation to identify your o	ase:						
De	btor 1	Michael Joseph E	Beri						
		First Name		le Name	Last Nan	ne			
	btor 2 ouse if, filing)	First Name	Midd	le Name	Last Nam	10			
Un	ited States Banl	kruptcy Court for the:	EASTER	N DISTRICT (OF MICHIGAN, D	ETROIT DI	VISION		
Ca	se number						_		
(if k	nown)								if this is an ed filing
Be a any Sch D: C	as complete and a executory contra edule G: Executo reditors Who Ha Continuation Pag	F: Creditors W accurate as possible. Us acts or unexpired leases bry Contracts and Unexp ve Claims Secured by Pr ge to this page. If you have	e Part 1 for that could r red Leases operty. If m	creditors with F esult in a claim (Official Form ore ore space is ne	PRIORITY claims a . Also list executo 106G). Do not inclueded, copy the Par	nd Part 2 for ry contracts ide any cred t you need,	on Schedule A/B: P itors with partially so fill it out, number the	roperty (Official Forn ecured claims that ar e entries in the boxes	n 106A/B) and on e listed in Schedule s on the left. Attach
	e number (if known the street of the street	wn). of Your PRIORITY Un	secured C	laims					
1.	Do any creditor	s have priority unsecure	d claims aga	ainst you?					-1
	☐ No. Go to Pa	rt 2.							
	Yes.								
2.	identify what type possible, list the	oriority unsecured claims e of claim it is. If a claim ha claims in alphabetical orde ne creditor holds a particul	s both prioriter according	ty and nonpriority to the creditor 's	y amounts, list that on name. If you have r	claim here an	d show both priority a	nd nonpriority amounts	s. As much as
	(For an explanati	ion of each type of claim, s	ee the instru	ctions for this fo	rm in the instruction	booklet.)	Total claim	Priority amount	Nonpriority amount
2.1	Internal	Revenue Service		Last 4 digits of	of account number		\$4,900.00	\$4,900.00	\$0.00
	Centraliz	ditor's Name zed Insolvency Ope	eration	When was the	e debt incurred?	2014		-	
	PO Box	21126 phia, PA 19114-032	6						
		eet City State Zlp Code	<u> </u>	As of the date	you file, the claim	is: Check al	I that apply		
	Who incurred	the debt? Check one.		☐ Contingent					
	Debtor 1 on	ly		☐ Unliquidate	d				
	Debtor 2 on	lly		☐ Disputed					
	_	d Debtor 2 only		· ·	RITY unsecured cla	aim:			
		of the debtors and anothe	r	☐ Domestic s	upport obligations				
		is claim is for a commur		Taxes and	certain other debts	you owe the	government		
		is claim is for a communities	iity uebt		death or personal in		=		
	■ No				•				
	☐ Yes			сог. оро	,				

Beri, Michael Joseph		Case n	umber (if know)		
Jennifer L. Beri	Last 4 digits of account number		\$1,300.00	\$1,300.00	\$0.0
Priority Creditor's Name	When was the debt incurred?	2012			
24461 Crescent St					
Woodhaven, MI 48183-3770 Number Street City State Zlp Code	As of the data you file the claim	ia. Chaak all t	that apply		
Who incurred the debt? Check one.	As of the date you file, the claim Contingent	is. Check all	пат арріу		
Debtor 1 only	☐ Unliquidated				
☐ Debtor 2 only	☐ Disputed				
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cl	aim:			
_	■ Domestic support obligations				
At least one of the debtors and another					
☐ Check if this claim is for a community debt sthe claim subject to offset?	☐ Taxes and certain other debts☐ Claims for death or personal in				
No	_				
☐ Yes	Utiler. Specify				
Yes. st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each c	alphabetical order of the creditor laim. For each claim listed, identify w	who holds eac hat type of clair	m it is. Do not list claims	already included in Part	1. If more
Yes. St all of your nonpriority unsecured claims in the disecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other	alphabetical order of the creditor laim. For each claim listed, identify w	who holds eac hat type of clair	m it is. Do not list claims	already included in Part s fill out the Continuation	1. If more Page of Part
Yes. st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other	e alphabetical order of the creditor laim. For each claim listed, identify w creditors in Part 3.If you have more	who holds ead hat type of clain han three nonp	m it is. Do not list claims	already included in Part	1. If more Page of Part
Yes. It all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each c	alphabetical order of the creditor laim. For each claim listed, identify w	who holds ead hat type of clain han three nonp	m it is. Do not list claims	already included in Part s fill out the Continuation	1. If more Page of Part
Yes. Set all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other Advance Counsling Services Nonpriority Creditor's Name	e alphabetical order of the creditor laim. For each claim listed, identify w creditors in Part 3.If you have more	who holds ead hat type of clain han three nonp per	m it is. Do not list claims priority unsecured claims	already included in Part s fill out the Continuation	1. If more Page of Part
Yes. St all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other Advance Counsling Services Nonpriority Creditor's Name 20600 Eureka Rd	e alphabetical order of the creditor laim. For each claim listed, identify w creditors in Part 3.If you have more Last 4 digits of account num	who holds ead hat type of clain han three nong per	m it is. Do not list claims priority unsecured claims	already included in Part s fill out the Continuation	1. If more Page of Part
Yes. St all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other Advance Counsling Services Nonpriority Creditor's Name	e alphabetical order of the creditor laim. For each claim listed, identify w creditors in Part 3.If you have more Last 4 digits of account num	who holds each hat type of claim three nongoner	m it is. Do not list claims priority unsecured claims 	already included in Part s fill out the Continuation	1. If more Page of Part
Yes. St all of your nonpriority unsecured claims in the issecured claim, list the creditor separately for each can one creditor holds a particular claim, list the other Advance Counsling Services Nonpriority Creditor's Name 20600 Eureka Rd Taylor, MI 48180-5343	e alphabetical order of the creditor laim. For each claim listed, identify we creditors in Part 3.lf you have more Last 4 digits of account num When was the debt incurred?	who holds each hat type of claim three nongoner	m it is. Do not list claims priority unsecured claims 	already included in Part s fill out the Continuation	1. If more Page of Part
Advance Counsling Services Nonpriority Creditor's Name 20600 Eureka Rd Taylor, MI 48180-5343 Number Street City State Zlp Code	e alphabetical order of the creditor laim. For each claim listed, identify we creditors in Part 3.lf you have more Last 4 digits of account num When was the debt incurred?	who holds each hat type of claim three nongoner	m it is. Do not list claims priority unsecured claims 	already included in Part s fill out the Continuation	1. If more Page of Part
Advance Counsling Services Nonpriority Creditor's Name 20600 Eureka Rd Taylor, MI 48180-5343 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	e alphabetical order of the creditor laim. For each claim listed, identify worked creditors in Part 3.lf you have more. Last 4 digits of account num. When was the debt incurred? As of the date you file, the claim Contingent.	who holds each hat type of claim three nongoner	m it is. Do not list claims priority unsecured claims 	already included in Part s fill out the Continuation	1. If more Page of Part
Advance Counsling Services Nonpriority Creditor's Name 20600 Eureka Rd Taylor, MI 48180-5343 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only	e alphabetical order of the creditor laim. For each claim listed, identify we creditors in Part 3.If you have more a Last 4 digits of account numbers. When was the debt incurred? As of the date you file, the claim contingent Unliquidated Disputed	who holds each hat type of claim three nonger of the holds are the holds	m it is. Do not list claims priority unsecured claims 	already included in Part s fill out the Continuation	1. If more Page of Part
Advance Counsling Services Nonpriority Creditor's Name 20600 Eureka Rd Taylor, MI 48180-5343 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another	alphabetical order of the creditor laim. For each claim listed, identify we creditors in Part 3.If you have more a Last 4 digits of account numbers. When was the debt incurred? As of the date you file, the claim contingent Unliquidated Disputed Type of NONPRIORITY unsections.	who holds each hat type of claim three nonger of the holds are the holds	m it is. Do not list claims priority unsecured claims 	already included in Part s fill out the Continuation	1. If more Page of Par
Advance Counsling Services Nonpriority Creditor's Name 20600 Eureka Rd Taylor, MI 48180-5343 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community	alphabetical order of the creditor laim. For each claim listed, identify we creditors in Part 3.If you have more. Last 4 digits of account num. When was the debt incurred? As of the date you file, the claim contingent Unliquidated Disputed Type of NONPRIORITY unsections.	who holds each type of claim than three nongoner 0 06-20 aim is: Check	m it is. Do not list claims priority unsecured claims 14 all that apply	already included in Part s fill out the Continuation Total clain	1. If more Page of Part
Advance Counsling Services Nonpriority Creditor's Name 20600 Eureka Rd Taylor, MI 48180-5343 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another	alphabetical order of the creditor laim. For each claim listed, identify we creditors in Part 3.If you have more a Last 4 digits of account numbers. When was the debt incurred? As of the date you file, the claim contingent Unliquidated Disputed Type of NONPRIORITY unsections.	who holds each type of claim than three nongoner 0 06-20 aim is: Check	m it is. Do not list claims priority unsecured claims 14 all that apply	already included in Part s fill out the Continuation Total clain	1. If more Page of Part
Nonpriority Creditor's Name 20600 Eureka Rd Taylor, MI 48180-5343 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	alphabetical order of the creditor laim. For each claim listed, identify we creditors in Part 3.If you have more. Last 4 digits of account num. When was the debt incurred? As of the date you file, the claim contingent Unliquidated Disputed Type of NONPRIORITY unsections Student loans Obligations arising out of a	who holds each type of claim than three nongoner 0 06-20 aim is: Check is the claim: cured claim:	m it is. Do not list claims priority unsecured claims and the secured claims and the secured claims and the secured claims are secured to secure the secure that secured claims are secured to secure the secured claims are secured claims.	already included in Part s fill out the Continuation Total clain	1. If more Page of Part

Akron Billing Center Nonpriority Creditor's Name	Last 4 digits of account number	4301	\$1,113.00
Nonphority Creator's Name	When was the debt incurred?	09-2014	
33585 Ridge Park Dr			
Akron, OH 44333 Number Street City State Zlp Code	_ As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	, ,	St. St. St. all all apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□Yes	Other. Specify		
Alliance Catholic Credit Union	Last 4 digits of account number	0092	\$4,110.00
Nonpriority Creditor's Name	When was the debt incurred?	11-2011	
255 E Maple Rd	When was the dest mountain	11-2011	
Ггоу, MI 48083-2717			
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharin	ng plans, and other similar debts	
Yes	Other. Specify		
Blue Care Network	Last 4 digits of account number	8200	\$1,000.00
Nonpriority Creditor's Name	When was the debt incurred?	1-2015	
PO Box 687153			
Grand Rapids, MI 49516 Number Street City State Zlp Code	_ As of the date you file, the claim	ic. Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim	is. Oneck all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐Yes	Other. Specify		

Beri, Michael Joseph		Case number (f know)	
Blue Care Network	Last 4 digits of account number	4100	\$30.00
Nonpriority Creditor's Name	When was the debt incurred?	9-2015	
PO Box 68753		<u> </u>	
Grand Rapids, MI 49516-8753 Number Street City State Zlp Code	As of the date you file the claim	in Check all that apply	
Who incurred the debt? Check one.	As of the date you file, the claim	ів: Спеск ан тлат арріу	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	Other. Specify		
Capital One Bank	Last 4 digits of account number	0985	\$7,014.00
Nonpriority Creditor's Name		42 2040	
15000 Capital One Dr	when was the debt incurred?	12-2010	
Richmond, VA 23238-1119	_		
Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only			
_	☐ Contingent		
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed		
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
lebt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	•	
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify		
Dr. Harris Birkhill	Last 4 digits of account number	0155	\$22.14
Nonpriority Creditor's Name	When was the debt incurred?	11-2014	
PO Box 2802			
Dearborn, MI 48123-2929 Number Street City State Zlp Code	As of the date you file, the claim	in Ohankallahat samb	
Who incurred the debt? Check one.	As of the date you file, the claim	ів: Спеск ан тлат арріу	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐Yes	Other. Specify		

1 Beri, Michael Joseph		Case number (f know)					
Dr. Harris Birkhill	Last 4 digits of account number	0155	\$108.43				
Nonpriority Creditor's Name	When was the debt incurred?	09-2014					
PO Box 2802 Dearborn, MI 48123-2929 Number Street City State Zlp Code	As of the date you file, the claim						
Who incurred the debt? Check one.	_						
Debtor 1 only	Contingent						
Debtor 2 only	Unliquidated						
Debtor 1 and Debtor 2 only	☐ Disputed	L. L. L.					
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
☐ Check if this claim is for a community debt	☐ Student loans						
Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not					
■ No	<u>-</u> ' ' '						
Yes	Other. Specify						
Dynamic Recovery Solutions	Last 4 digits of account number	0159	\$1,511.58				
Nonpriority Creditor's Name	When was the debt incurred?	09 2015					
PO Box 25759 Greenville, SC 29616-0759	when was the dept incurred?	08-2015					
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply					
Who incurred the debt? Check one.	•						
Debtor 1 only	☐ Contingent						
Debtor 2 only	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans						
☐ Debtor 1 and Debtor 2 only							
☐ At least one of the debtors and another							
☐ Check if this claim is for a community							
debt	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
Is the claim subject to offset?							
No	Debts to pension or profit-sharing	g plans, and other similar debts					
Yes	Other. Specify						
George Guesses Co. L.P.A	Last 4 digits of account number	5708	\$314.90				
Nonpriority Creditor's Name	When was the debt incurred?	09-2014					
33 S Huron St							
Toledo, OH 43604-8705 Number Street City State Zlp Code	As of the date you file, the claim	is. Check all that anniv					
Who incurred the debt? Check one.	As of the date you me, the olding	S. Oncok all that apply					
■ Debtor 1 only	☐ Contingent						
Debtor 2 only	☐ Unliquidated						
Debtor 1 and Debtor 2 only	☐ Disputed						
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
☐ Check if this claim is for a community							
debt		aration agreement or divorce that you did not					
Is the claim subject to offset?	report as priority claims	3					
■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
Yes	Other. Specify						

1 Beri, Michael Joseph		Case number (f know)							
Henry Ford Health Systems Nonpriority Creditor's Name	Last 4 digits of account number	9022	\$38.00						
	When was the debt incurred?	08-2014							
PO Box 339 Troy, MI 48099-0339									
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply							
Who incurred the debt? Check one.									
Debtor 1 only	☐ Contingent								
Debtor 2 only	☐ Unliquidated								
Debtor 1 and Debtor 2 only	Disputed								
At least one of the debtors and another	Type of NONPRIORITY unsecure								
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not								
ls the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not							
■ No	Debts to pension or profit-sharing	g plans, and other similar debts							
Yes	Other. Specify								
Michigan Creditor Service Inc	Last 4 digits of account number	A401	\$170.99						
Nonpriority Creditor's Name	When was the debt incurred?	11-2015							
4500 Remembrance Rd NW Grand Rapids, MI 49534-1122	mion mao ano aost mountou.	11-2010							
Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply							
Who incurred the debt? Check one.									
Debtor 1 only	☐ Contingent								
Debtor 2 only	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans								
Debtor 1 and Debtor 2 only									
At least one of the debtors and another									
☐ Check if this claim is for a community debt	_								
Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims								
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts								
Yes	Other. Specify								
Oakwood Health Care	Last 4 digits of account number	4165	\$8.76						
Nonpriority Creditor's Name	When was the debt incurred?	11-2015							
PO Box 674576 Detroit, MI 48267		11 2010							
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply							
Who incurred the debt? Check one.	_								
Debtor 1 only	Contingent								
Debtor 2 only	,								
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:								
At least one of the debtors and another	Student loans	u Glaiiii.							
☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not							
■ No	Debts to pension or profit-sharin	og plans, and other similar debts							
	Other. Specify								

Beri, Michael Joseph	 ,	Case number (f know)								
Oakwood Health Care	Last 4 digits of account number	5737	\$1,003.57							
Nonpriority Creditor's Name	When was the debt incurred?	09-2014								
PO Box 674576										
Detroit, MI 48267 Number Street City State Zlp Code	As of the date you file, the claim	ins Chook all that apply								
Who incurred the debt? Check one.	As of the date you me, the claim	в. Спеск ан так арру								
■ Debtor 1 only	☐ Contingent									
Debtor 2 only	· ·	☐ Unliquidated								
Debtor 1 and Debtor 2 only	☐ Disputed									
At least one of the debtors and another	Type of NONPRIORITY unsecure									
☐ Check if this claim is for a community	☐ Student loans									
debt		aration agreement or divorce that you did not								
Is the claim subject to offset?	report as priority claims	and an and ather similar data.								
■ No □ Yes	☐ Debts to pension or profit-sharin									
⊔ Yes	Other. Specify									
Sami Abbasi Do Pllc	Last 4 digits of account number	6243	\$281.52							
Nonpriority Creditor's Name	When was the debt incurred?	10-2015								
18729 Clover Hill Ct		10 2010								
Northville, MI 48168-8565										
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply								
Debtor 1 only										
_	□ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims									
Debtor 2 only										
Debtor 1 and Debtor 2 only										
At least one of the debtors and another										
☐ Check if this claim is for a community debt										
Is the claim subject to offset?										
■ No	Debts to pension or profit-sharing	g plans, and other similar debts								
Yes	Other. Specify									
Southeast Internal Medicine PL	Last 4 digits of account number	7631	\$37.73							
Nonpriority Creditor's Name			******							
29159 Helman Blvd	When was the debt incurred?	Unknown								
Brownstown, MI 48183-7003										
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply								
Who incurred the debt? Check one.	_									
■ Debtor 1 only	Contingent									
Debtor 2 only	Unliquidated									
Debtor 1 and Debtor 2 only	Disputed	d alaim.								
At least one of the debtors and another										
☐ Check if this claim is for a community debt		western agreement or divious the street distance								
Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not								
■ No	Debts to pension or profit-sharing	g plans, and other similar debts								
□Yes	■ Other. Specify									

Beri, Michael Joseph		Case number (f know)							
Tate & Kirlin Associates Nonpriority Creditor's Name	Last 4 digits of account number	5845	\$4,557.46						
Nonpholity Cleditor's Name	When was the debt incurred?	06-2015							
2810 S Hampton Rd Philadelphia, PA 19154 Number Street City State Zlp Code	As of the date you file, the claim								
Who incurred the debt? Check one.	7.0 00 uu.0 , 0u0,0 0.u	or oncor an inar appry							
■ Debtor 1 only	☐ Contingent ☐ Unliquidated ☐ Disputed								
Debtor 2 only									
☐ Debtor 1 and Debtor 2 only									
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure								
☐ Check if this claim is for a community	☐ Student loans								
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not							
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts							
Yes	Other. Specify								
UTC	Last 4 digits of account number	2345	\$25.97						
Nonpriority Creditor's Name	- When we the debt incomed?	00.2044							
PO Box 145465 Cincinnati, OH 45250-5465	When was the debt incurred?	09-2014							
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply							
Who incurred the debt? Check one.									
Debtor 1 only	☐ Contingent								
Debtor 2 only	☐ Unliquidated ☐ Disputed								
☐ Debtor 1 and Debtor 2 only									
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:								
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not							
Is the claim subject to offset?	report as priority claims								
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts							
Yes	Other. Specify								
UTC	Last 4 digits of account number	2345	\$29.97						
Nonpriority Creditor's Name	When was the debt incurred?	12-2014							
PO Box 145465 Cincinnati, OH 45250-5465	when was the dest mounted.	12-2014							
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply							
Who incurred the debt? Check one.									
■ Debtor 1 only	☐ Contingent								
Debtor 2 only	☐ Debtor 2 only ☐ Unliquidated								
Debtor 1 and Debtor 2 only	At least one of the debtors and another Type of NONPRIORITY unsecured claim:								
\square At least one of the debtors and another									
☐ Check if this claim is for a community	Student loans								
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not							
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts							
☐ Yes	Other. Specify								

Beri, Michael Joseph		Case number (f know)							
Verizon	Last 4 digits of account number	0001	\$766.06						
Nonpriority Creditor's Name	When was the debt incurred?	Unknown							
PO Box 4002		CHRIOWII							
Acworth, GA 30101-9003 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	As of the date you file, the claim is: Check all that apply							
Debtor 1 only	☐ Contingent	Contingent							
Debtor 2 only	☐ Unliquidated	☐ Unliquidated							
☐ Debtor 1 and Debtor 2 only	☐ Disputed	☐ Disputed							
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:							
☐ Check if this claim is for a community	☐ Student loans								
debt Is the claim subject to offset?	Obligations arising out of a sep report as priority claims	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims							
■ No	Debts to pension or profit-shari	Debts to pension or profit-sharing plans, and other similar debts							
Yes	Other. Specify								
art 3: List Others to Be Notified About a De	bt That You Already Listed								
Use this page only if you have others to be notified is trying to collect from you for a debt you owe to shave more than one creditor for any of the debts the notified for any debts in Parts 1 or 2, do not fill out	omeone else, list the original creditor in at you listed in Parts 1 or 2, list the add	Parts 1 or 2, then list the collection agency he	re. Similarly, if you						
ame and Address		On which entry in Part 1 or Part 2 did you list the original creditor?							
NONE-		Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claim	s						
	Last 4 digits of account number								

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total claim	
	6a.	Domestic support obligations	6a.	\$	1,300.00
Total claims	01		01	_	
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	4,900.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total. Add lines 6a through 6d.	6e.	\$	6,200.00
				Total Claim	
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	22,244.08
	6j.	Total. Add lines 6f through 6i.	6j.	\$	22,244.08

Fill in this infor	mation to identify your	case:			
Debtor 1	Michael Joseph	Beri			
	First Name	Middle Name	Last Name	—)	
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name	_	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN, DETROIT DIVISION	_	
Case number					
(if known)					Check if this is an
				[amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person o	r company with Name, Number	whom you have the , Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1			. , ,,		
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2					<u></u>
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.3	Oity		Otate	Zii Code	
2.0	Name				
	Number	Street			
	City		State	ZIP Code	
2.4	Oity		Olalo	211 0000	
	Name				_
	Number	Street			<u> </u>
	City		04-4-	710.0-1-	<u> </u>
2.5	City		State	ZIP Code	
2.0	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>

Fill in this	s information to identify your o	case:			
Debtor 1	Michael Joseph E				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, fili	ing) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT	OF MICHIGAN, DETROI	T DIVISION	
Case num	ber				
(if known)					Check if this is an amended filing
Sched Codebtors are filing to	ogether, both are equally resp	e also liable for any deb consible for supplying c	orrect information. If mo	ore space is needed, co	as possible. If two married people py the Additional Page, fill it out, itional Pages, write your name and
1. Do	per (if known). Answer every q	•	do not list either spouse as	s a codebtor.	
■ No □ Yes					
	thin the last 8 years, have you rnia, Idaho, Louisiana, Nevada,				states and territories include Arizona,
	. Go to line 3. s. Did your spouse, former spous	se, or legal equivalent live	with you at the time?		
line 2	again as a codebtor only if the Assault of the Assa	at person is a guarantoi	r or cosigner. Make sure	you have listed the cre	vith you. List the person shown in editor on Schedule D (Official Forn e E/F, or Schedule G to fill out
	Column 1: Your codebtor Name, Number, Street, City, State and Zi	IP Code		Column 2: The cred Check all schedules	ditor to whom you owe the debt s that apply:
3.1				☐ Schedule D, line	;
	Name			☐ Schedule E/F, line ☐ Schedule G, line	
-	Number Street City	State	ZIP Code	_	
3.2	Name			☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line	ne
-	Number Street City	State	ZIP Code	_	

Official Form 106H Schedule H: Your Codebtors Foftware Copyright (c) 1996-2016 CIN Group - www.cincompass.com
16-41913-mar Doc 1 Filed 02/15/16 Entered 02/15/16 13:26:39 Page 30 of 48 Page 1 of 1

Fill	in this information to ident	tify your cas	se:								
Deb	otor 1 Micl	hael Jose	ph Beri			_					
	otor 2 puse, if filing)										
Uni	ted States Bankruptcy Co	urt for the:	EASTERN DISTRICT DIVISION	OF MICHIGAN, DETR	OIT						
(lf kn	se number nown)							ended plemen	filing t showing po the following		chapter 13
<u>O</u> 1	fficial Form 106	<u> </u>					MM / [DD/ YY	ΥΥ		
S	chedule I: You	ır Inco	me								12/1
supp spot	as complete and accurate plying correct information use. If you are separated ch a separate sheet to the Describe Emp	on. If you a I and your iis form. Or	re married and not filing spouse is not filing with	g jointly, and your spo n you, do not include	ouse is informa	living ation	g with you, in about your s	nclude spouse	informations. If more s	n about yo pace is ne	our eded,
1.	Fill in your employmer information.	nt		Debtor 1			Deb	Debtor 2 or non-filing spouse			
	If you have more than one job,		Employment status	■ Employed				Employ	/ed		
	attach a separate page w information about addition employers.		Occupation	☐ Not employed				☐ Not employed			
	Include part-time, seaso self-employed work.	onal, or	Employer's name	Berger Dealer Gr	oup						
	Occupation may include homemaker, if it applies		Employer's address	3031 Wyoming S Dearborn, MI 481		17					
			How long employed th	ere? 8 month	s						
Par	rt 2: Give Details A	bout Mont	hly Income								
	mate monthly income as ss you are separated.	of the date	e you file this form. If yo	ou have nothing to repor	t for an	y line,	write \$0 in th	ne spac	e. Include y	our non-filir	ng spouse
	u or your non-filing spouse ce, attach a separate sheet			oine the information for a	all emplo	oyers	for that perso	on on th	ne lines belo	w. If you ne	eed more
							For Debtor 1	1	For Debto		
2.			, and commissions (before a culate what the monthly was		2.	\$_	5,200	.00	\$	N/A	
3.	Estimate and list mont	hly overtin	ne pay.		3.	+\$_	0	.00	+\$	N/A	- 1
4.	Calculate gross Incom	e. Add line	2 + line 3.		4.	\$_	5,200.00	0_	\$	N/A	

					For	Debtor 1				r Debtor n-filing :			
	Сору	r line 4 here	4.		\$_	5,20	0.0	0	\$_		N/	A	
5.	List a	all payroll deductions:											
	5a.	Tax, Medicare, and Social Security deductions	5a	ı.	\$	1,51	4.2	20	\$		N/	Α	
	5b.	Mandatory contributions for retirement plans	5b	١.	\$		0.0		\$		N/		
	5c.	Voluntary contributions for retirement plans	5c		\$		0.0	0	\$		N/	_	
	5d.	Required repayments of retirement fund loans	5d	١.	\$_		0.0	0	\$		N/	A	
	5e.	Insurance	5e		\$_	88	1.8	3	\$ _		N/	A	
	5f.	Domestic support obligations	5f.		\$		0.0	0	\$		N/	A	
	5g.	Union dues	5g	١.	\$		0.0	0	\$		N/	Α	
	5h.	Other deductions. Specify:	5h	.+	\$_		0.0	0	+ \$_		N/	<u>A</u>	
6.	Add 1	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	2,39	6.0	3_	\$_		N/	<u>A</u>	
7.	Calcu	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	2,80	3.9	7	\$_		N/	<u>A</u>	
8.	List a 8a.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total			•				•				
	01	monthly net income.	8a		\$_		0.0		\$_		N/.		
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	. 8b	١.	\$_		0.0	0	\$_		N/	<u>A</u>	
	8d. 8e. 8f.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	8c 8d 8e	l.	\$		0.0	00	\$ \$ \$ -		N/. N/. N/.	<u>A</u>	
	0 ~	Specify: Pension or retirement income	— 8f.		\$ \$		0.0		\$ \$		N/		
	8g. 8h.	Other monthly income. Specify:	— 8g 8h		· · —		0.0	_	- ^Φ -		N/. N/.		
	OII.	Other monthly mcome. Specify.		T F	<u>"</u> _		U.U		ΤΨ_		IN/	<u>~</u>	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$		0.0	0	\$_		N	/A	
10	Calcı	ulate monthly income. Add line 7 + line 9.	10.	\$		2,803.97	1	\$		N/A	= \$		803.97
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ-		2,003.97	} "	Ψ-		IN/A] - [* .	Ζ,	003.97
11.	Includ other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your of friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not avify:	depende							dule J. 11.	+\$_		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certain								ies 12.	\$Comb		803.97
13.	Do y	ou expect an increase or decrease within the year after you file this form	1?										come
		No.											
		Yes. Explain:											

FIII	in this informat	tion to identify you	ur case:]			
Deb						01-	! . :6	Aleia ia	
Dep	ioi i	Michael Jose	epn Beri					this is: amended filing	
Deb	tor 2						As	supplement show	ing postpetition chapter 13
(Spc	ouse, if filing)						exp	enses as of the f	following date:
Unite	ed States Bankr	uptcy Court for the:	EASTE DIVISIO	RN DISTRICT OF MICHIG DN	SAN, DETROIT		MN	// DD / YYYY	
Case	e number								
(If kr	nown)								
Of	fficial Fo	rm 106J							
Sc	chedule	J: Your E	Expen	ses					12/15
info	ormation. If me		ded, attac	If two married people are the another sheet to this fo					supplying correct ir name and case number
Pari	t 1: Descr	ibe Your Housel	nold						
••	No. Go to		n a sonara	te household?					
	□ res. Doe s		i a separa	te nousenoia:					
	_		t file Offici	al Form 106J-2, Expenses	for Separate Househ	oldof Deb	tor 2.		
2.	Do you have	e dependents?	☐ No						
	Do not list De Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		_	Dependent's age	Does dependent live with you?
	Do not state	the							□ No
	dependents	names.			Son			17	Yes
					D. day			45	□ No
					Daughter			15	■ Yes
					Son			12	□ No ■ Yes
							_		■ Yes □ No
									☐ Yes
3.		enses include		No					
		people other the your dependen		Yes					
		,							
exp	imate your ex		ur bankru	y Expenses ptcy filing date unless yo is filed. If this is a suppl					
				overnment assistance if					
	ficial Form 10					-	_	Your expe	enses
4.		r home ownersh		ses for your residence. In lot.	clude first mortgage	4.	\$		400.00
	If not includ	•	-				_		
	As Posts	etate taves				40	¢		0.00
		state taxes rty, homeowner's,	or renter's	insurance		4a. 4b.	· : —		0.00
	•	maintenance, rep				4c.	· : —		0.00
	4d. Home	owner's association	on or cond	ominium dues		4d.			0.00
5.	Additional n	nortgage payme	nts for yo	ur residence, such as hon	ne equity loans	5.	\$ _		0.00

					_			
Fill in this inform	nation to identify your o	ase:						
Debtor 1	Michael Joseph E	Beri						
	First Name	Middle Name	Last Name)			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bar	nkruptcy Court for the:	EASTERN DISTRICT	OF MICHIGAN, DETRO	IT DIVISION				
Case number					☐ Check if this is an amended filing			
Official Form								
Declarati	ion About a	ın Individua	ıl Debtor's S	Schedules	12/15			
years, or both. 18	or property by fraud in U.S.C. §§ 152, 1341, 15 Below		kruptcy case can result	in fines up to \$250,000	0, or imprisonment for up to 20			
Did you pay	or agree to pay some	one who is NOT an atto	rney to help you fill out	bankruptcy forms?				
■ No								
☐ Yes. N	ame of person				n Bankruptcy Petition Preparer's Notice, ration, and Signature (Official Form 119)			
	ty of perjury, I declare t true and correct.	hat I have read the sun	nmary and schedules fil	ed with this declaration	n and			
	nael Beri Il Joseph Beri e of Debtor 1		X Signature	of Debtor 2				

Date February 15, 2016

Fill in	n this inform	nation to identify your	case:					
Debto		Michael Joseph						
		First Name	Middle Name	Last Name	—)			
Debto (Spous	or 2 se if, filing)	First Name	Middle Name	Last Name				
United	d States Bar	nkruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN, DETROIT DIVISION	_			
Case number (if known)							heck if this is an mended filing	
		rm 106Sum f Your Assets	and Liabilities an	nd Certain Statistical Info	rmation	1:	2/15	
inform	nation. Fill o	ut all of your schedule	es first; then complete the	re filing together, both are equally res information on this form. If you are fil the box at the top of this page.				
Part 1	1: Summa	arize Your Assets						
						Your assets Value of what you own		
		B: Property (Official Fore 55, Total real estate, fore				\$	0.0	
,	1b. Copy line	e 62, Total personal pro	perty, from Schedule A/B			\$	10,560.0	

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C.§ 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____5,200.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cl	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	1,300.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	4,900.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	6,200.00

Fil	I in this informa	tion to identify your	case:				
De	btor 1	Michael Joseph		Last Name			
De	btor 2	First Name	Middle Name	Last Name			
(Sp	ouse if, filing)	First Name	Middle Name	Last Name			
Un	ited States Bank	cruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN, DE	TROIT DIVI	SION	
Ca	se number						
(if k	nown)						check if this is an
							mended filing
\bigcirc	fficial Fori	m 107					
			Affairs for Individ	luals Filin	a for B	ankruntev	12/15
Be info	as complete and	d accurate as possil	ole. If two married people are	filing together	, both are e	qually responsible for supply additional pages, write your	
Pa	rt 1: Give De	tails About Your Ma	rital Status and Where You	Lived Before			
1.	What is your	current marital statu	s?				
	☐ Married						
	■ Not marri	ed					
2.	During the las	t 3 years, have you	lived anywhere other than w	here you live n	ow?		
	□ No						
	Yes. List a	all of the places you liv	ed in the last 3 years. Do not in	nclude where you	ı live now.		
	Debtor 1 Prio	r Address:	Dates Debtor 1 I there	ived Debto	or 2 Prior Ad	dress:	Dates Debtor 2 lived there
	24461 Cres Woodhaver	cent St n, MI 48183-3770	From-To: 6/2014 - 11/20		me as Debtor	1	☐ Same as Debtor 1 From-To:
	No Yes. Make Tt 2 Explain Did you have Fill in the total	e sure you fill out Schothe Sources of You any income from en amount of income yo	ifornia, Idaho, Louisiana, Neva edule H: Your Codebtors (Office r Income nployment or from operating u received from all jobs and all	ada, New Mexicosial Form 106H). a business du I businesses, in	o, Puerto Rio		sconsin.)
	□ No	a joint case and you r	ave income that you receive to	getner, list it only	once under	Debtor 1.	
	Yes. Fill in	n the details.					
			Debtor 1			Debtor 2	
			Sources of income Check all that apply.	Gross incom (before deductions)		Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	r last calendar y anuary 1 to Dec	year: ember 31, 2015)	■ Wages, commissions, bonuses, tips	\$4	12,120.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business			☐ Operating a business	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

De	ebtor 1 Be	eri, Michael	Joseph		Case	e number (if known)	
				Debtor 1		Dobtor 2	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		dar year befo December 3		■ Wages, commissions, bonuses, tips		☐ Wages, commissions, bonuses, tips	
				☐ Operating a business		☐ Operating a business	
	or the calend anuary 1 to	dar year: December 3	1, 2013)	■ Wages, commissions, bonuses, tips	\$56,055.00	☐ Wages, commissions, bonuses, tips	
				☐ Operating a business		☐ Operating a business	
	□ No ■ Yes.	Fill in the det	ails.	Debtor 1 Sources of income	Gross income	Debtor 2 Sources of income	Gross income
					Gross income (before deductions and		Gross income (before deductions
		dar year befo December 3		Retirement Account	exclusions) \$26,265.00		and exclusions)
Pa 6.	•	Debtor 1's o	or Debtor 2 otor 1 nor D	Made Before You Filed for E s debts primarily consumer bebtor 2 has primarily consu personal, family, or household	debts? mer debts. Consumer debts a	are defined in 11 U.S.C. § 101	(8) as "incurred by an
		□ No. □ Yes	Go to line List below creditor. Do payments t	ore you filed for bankruptcy, did 7. each creditor to whom you paid on to include payments for dor on an attorney for this bankruptct on 4/01/16 and every 3 years.	a total of \$6,225* or more in one mestic support obligations, subsycase.	ne or more payments and the ch as child support and alimo	
	Yes.			or both have primarily consulate you filed for bankruptcy, did		\$600 or more?	
		■ No. □ Yes		each creditor to whom you paid or domestic support obligations			

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Total amount

paid

Amount you

still owe

Was this payment for ...

Dates of payment

Creditor's Name and Address

Debtor 1 Beri, Michael Joseph				Case number (if known)				
7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general part which you are an officer, director, person in cor business you operate as a sole proprietor. 11 U	tners; rel	latives of any general owner of 20% or more	I partners; partnershi e of their voting secu	ps of which y irities; and an	ou are a general par y managing agent, ir	tner; corporations of ncluding one for a	
	■ No							
	☐ Yes. List all payments to an insider							
	Insider's Name and Address	Date	s of payment	Total amount paid	Amount still o		this payment	
 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefite insider? Include payments on debts guaranteed or cosigned by an insider. 						bt that benefited an		
	■ No□ Yes. List all payments to an insider							
	Insider's Name and Address	Date	s of payment	Total amount paid	Amount still o		this payment	
				paid	Sun	include cred	ultor s riame	
Pai	rt 4: Identify Legal Actions, Repossession	ns, and	Foreclosures					
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury of and contract disputes. No							
	☐ Yes. Fill in the details.							
	Case title Case number	Natu	re of the case	Court or agency		Status of the	ne case	
10.	Within 1 year before you filed for bankruptor. Check all that apply and fill in the details below. No		any of your prope	rty repossessed, fo	reclosed, ga	rnished, attached,	seized, or levied?	
	☐ Yes. Fill in the information below.							
	Creditor Name and Address		ribe the Property			Date	Value of the property	
		Expl	ain what happened					
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment becan No Yes. Fill in the details.			uding a bank or fina	ancial institu	tion, set off any ar	nounts from your	
	Creditor Name and Address	Desc	ribe the action the	creditor took		Date action was	Amount	
12.	taken 2. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No							
	☐ Yes							
Dat	rt 5: List Certain Gifts and Contributions							
rai	List Certain Girts and Contributions							
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	tcy, did	you give any gifts	with a total value o	of more than	\$600 per person?		
	Gifts with a total value of more than \$600 person	per	Describe the gifts			Dates you gave the gifts	Value	
	Person to Whom You Gave the Gift and Address:					g		

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Deb	otor 1 Beri, Michael Joseph		Case number (if known)				
14.	Within 2 years before you filed for bankrupto ■ No	y, did yo	ou give any gifts or contributions	s with a total v	alue of more than \$6	600 to any charity	
	Yes. Fill in the details for each gift or contrib	ution.					
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	De	scribe what you contributed		Dates you contributed	Value	
Par	t 6: List Certain Losses						
	Within 1 year before you filed for bankruptcy or gambling?	or since	you filed for bankruptcy, did yo	ou lose anythi	ng because of theft,	fire, other disaster,	
	■ No □ Yes. Fill in the details.						
	Describe the property you lost and De	scribe ar	ny insurance coverage for the lo	SS	Date of your	Value of property	
			amount that insurance has paid. L		loss	lost	
		urance ci	aims on line 33 of Schedule A/B: I	горену.			
Par	t 7: List Certain Payments or Transfers					_	
	Within 1 year before you filed for bankruptcy consulted about seeking bankruptcy or prep Include any attorneys, bankruptcy petition prepar No	aring a b	ankruptcy petition?			y to anyone you	
	Yes. Fill in the details.						
	Person Who Was Paid Address Email or website address Person Who Made the Payment if Not You		scription and value of any propo nsferred	erty	Date payment or transfer was made	Amount of payment	
	Person Who Made the Payment, if Not You Haskell Law Offices, PLLC 14716 Allen Rd Ste 102 Taylor, MI 48180-5400		torney Fees / \$265.00			\$265.00	
	Access Counseling, Inc. 633 W 5th St Ste 26001 Los Angeles, CA 90071-2005	Cr	edit Counseling / \$25.00			\$25.00	
	Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you l	s or to m	ake payments to your creditors		transfer any propert	y to anyone who	
	■ No □ Yes. Fill in the details.						
	Person Who Was Paid Address		scription and value of any proponsierred	erty	Date payment or transfer was made	Amount of payment	
	Within 2 years before you filed for bankruptor transferred in the ordinary course of your but include both outright transfers and transfers mad gifts and transfers that you have already listed or No	siness o le as secu	r financial affairs? urity (such as the granting of a second		ty to anyone, other t		
	Yes. Fill in the details.		aculation and colors of	Dense"		Data transfer	
	Person Who Received Transfer Address		scription and value of operty transferred		ny property or received or debts hange	Date transfer was made	
	Person's relationship to you				3		

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Beri, Michael Joseph			Case nun	nber (if known)	
beneficiary? (These are often called asset-prot ■ No □ Yes. Fill in the details.	ection devices.)				
Name of trust	Description and v	alue of the pro	perty trans	ferred	Date Transfer was made
art 8: List of Certain Financial Accounts, Ins	truments, Safe Deposit	Boxes, and Sto	orage Units		
 Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, assoc No Yes, Fill in the details. 	r other financial account	ts; certificates	of deposit;		
Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of acco	ount or	Date account was closed, sold, moved, or transferred	Last balance befor closing or transfe
 Do you now have, or did you have within 1 y cash, or other valuables? No Yes. Fill in the details. 	ear before you filed for	bankruptcy, ar	ny safe dep	osit box or other deposi	itory for securities,
Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S and ZIP Code)		Describe	the contents	Do you still have it?
 Have you stored property in a storage unit o No Yes. Fill in the details. 	r place other than your	home within 1	year before	you filed for bankrupto	ey
Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S and ZIP Code)		Describe	the contents	Do you still have it?
art 9: Identify Property You Hold or Control	for Someone Else				
Do you hold or control any property that sor someone.	neone else owns? Inclu	de any propert	y you borre	owed from, are storing f	or, or hold in trust for
■ No □ Yes. Fill in the details.					
Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Valu
art 10: Give Details About Environmental Info	,				
r the purpose of Part 10, the following definitio	ns apply:				
Environmental law means any federal, state, toxic substances, wastes, or material into the controlling the cleanup of these substances,	e air, land, soil, surface		• .	•	
Site means any location, facility, or property own, operate, or utilize it, including disposal	-	nvironmental l	aw, whethe	r you now own, operate	, or utilize it or used t
Hazardous material means anything an environmental, pollutant, contaminant, or similar to	ronmental law defines a	s a hazardous	waste, haza	ardous substance, toxic	substance, hazardou

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Deb	otor 1	Beri, Michael Joseph		Case number (if known)			
		•					
24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?							
	_	No Yes. Fill in the details.					
	Nam	e of site ress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice		
25.	Have	you notified any governmental unit of a	ny release of hazardous material?				
	_	No Yes. Fill in the details.					
		e of site ress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice		
26.	Have	you been a party in any judicial or adm	inistrative proceeding under any enviro	onmental law? Include settlements and	d orders.		
	_	No Yes. Fill in the details.					
		e Title e Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case		
Par	+ 11·	Give Details About Your Business or C	,				
			•	of the following connections to any h	inean2		
21.		n 4 years before you filed for bankruptc □ A sole proprietor or self-employed in		-	usiness :		
		☐ A member of a limited liability compa	•	·			
		☐ A partner in a partnership	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
	_		cutive of a corporation				
	ı	☐ An owner of at least 5% of the voting	or equity securities of a corporation				
		No. None of the above applies. Go to Pa	nrt 12.				
	_	Yes. Check all that apply above and fill i					
		ness Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.			
	(Numl	ber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed			
28.		n 2 years before you filed for bankruptc utions, creditors, or other parties.	y, did you give a financial statement to	anyone about your business? Include	e all financial		
	_ `	No Yes. Fill in the details below.					
	Nam Addı	е	Date Issued				
Par		Sign Below					
I hav	ve read and co	d the answers on this Statement of Fina orrect. I understand that making a false y case can result in fines up to \$250,000 §§ 152, 1341, 1519, and 3571.	statement, concealing property, or obt	aining money or property by fraud in			
		ael Beri	Signature of Debtor 2				
		Joseph Beri e of Debtor 1	Signature of Deptor 2				
Dat	e <u>F</u> e	ebruary 15, 2016	Date				

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Official Form 107

Debtor 1	Beri, Michael Jos	eph	Case number (if known)	
Did you at	ttach additional pages	to Your Statement of Financial Affa	irs for Individuals Filing for Bankruptcy (Official	Form 107)?
■ No				
☐ Yes				
Did you pa	ay or agree to pay so	neone who is not an attorney to help	o you fill out bankruptcy forms?	
■ No				
∏ Yes Na	ame of Person	Attach the Rankruntov Petition Prenare	er's Notice Declaration and Signature (Official Form	119)

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United States Bankruptcy Court Eastern District of Michigan, Detroit Division

IN RE:		Case No.
Beri, Michael Joseph		Chapter 7
-	Debtor(s)	
	VERIFICATION OF CREDITOR MAT	TRIX
The above named debtor(s) hereby vo	erify(ies) that the attached matrix listing credit	ors is true to the best of my(our) knowledge.
Date: February 15, 2016	Signature: /s/ Michael Beri	
	Michael Beri	Debtor
Date:	Signature:	
·		Joint Debtor, if any

Advance Counsling Services 20600 Eureka Rd Taylor, MI 48180-5343

Akron Billing Center 33585 Ridge Park Dr Akron, OH 44333

Alliance Catholic Credit Union 255 E Maple Rd Troy, MI 48083-2717

Blue Care Network PO Box 68753 Grand Rapids, MI 49516-8753

Blue Care Network PO Box 687153 Grand Rapids, MI 49516

Capital One Bank 15000 Capital One Dr Richmond, VA 23238-1119

Dr. Harris Birkhill PO Box 2802 Dearborn, MI 48123-2929 Dynamic Recovery Solutions PO Box 25759 Greenville, SC 29616-0759

George Guesses Co. L.P.A 33 S Huron St Toledo, OH 43604-8705

Henry Ford Health Systems PO Box 339 Troy, MI 48099-0339

Internal Revenue Service Centralized Insolvency Operation PO Box 21126 Philadelphia, PA 19114-0326

Jennifer L. Beri 24461 Crescent St Woodhaven, MI 48183-3770

Michigan Creditor Service Inc 4500 Remembrance Rd NW Grand Rapids, MI 49534-1122

Nationstar Mortgage 350 Highland Dr Lewisville, TX 75067-4177 Oakwood Health Care PO Box 674576 Detroit, MI 48267

Sami Abbasi Do Pllc 18729 Clover Hill Ct Northville, MI 48168-8565

Southeast Internal Medicine PL 29159 Helman Blvd Brownstown, MI 48183-7003

Tate & Kirlin Associates 2810 S Hampton Rd Philadelphia, PA 19154

UTC PO Box 145465 Cincinnati, OH 45250-5465

Verizon PO Box 4002 Acworth, GA 30101-9003